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ABSTRACT

Traditional mental health service systems are examined in terms of factors limiting their effectiveness, theoretical biases that have shaped them, and their assumptions. Alternative community-oriented approaches are then presented and analyzed. Finally, a new mental health role, the Liaison Specialist, is described. The Liaison Specialist attempts to foster the ability of social systems to care for their own needs. As a resource person, he or she offers skills such as: (1) assessing the strengths and dysfunctions of the individual and the social system; (2) organizing available resources; (3) facilitating resource use; and (4) evaluating the worth and effect of problem-solving strategies.
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for the Liaison Perspective

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Abstract

Traditional mental health service systems are examined in terms of factors limiting their effectiveness, theoretical biases that have shaped them, and their assumptions. Alternative community-oriented approaches are then presented and analyzed. Finally, a new mental health role, the Liaison Specialist, is described.

Several faculty members and students at Peabody have been elaborating (a) the theoretical perspectives of a transactional psychology derived from the epistemological writings of John Dewey (Dewey & Bentley, 1949) and (b) an ecological psychology derived in part from the work of Roger Barker (Barker, 1968), and, more particularly, from the work of psychology's "practical theorist," Kurt Lewin (Marrow, 1969). Our goal is to fashion a sophisticated theoretical framework and related intervention techniques, which have power to influence the ecology of human development.

Peabody's transactional and ecological approach is being advanced by people in clinical, school, counseling, and community psychology, but we are also developing an experimental and special training program that involves a new perspective on intervention. This program, the Human Development Liaison Specialists Program, is an interdisciplinary approach to human service delivery building on the liaison insight of Nicholas Hobbs and his colleagues in Project Re-Ed (Hobbs, 1966). While we are in effect trying to create a "new profession," that of the Liaison Specialist, we are also finding that the liaison perspective has relevance to the more traditional professions, such as psychology.

Presented herein are (a) a critical review of traditional psychological service delivery approaches, (b) a description and critique of prevailing community psychology approaches, and, finally, (c) an overview of theoretical and practical aspects of the liaison perspective, a potentially fruitful strategy for improving human service delivery.

A CRITIQUE OF TRADITIONAL MENTAL HEALTH

SERVICE DELIVERY APPROACHES

Seven of the more problematic features of typical psychological service delivery systems are as follows:

1. Maintenance of the organization of service delivery has interfered with attainment of goals. In the evolution of human services, the pattern has been for a program to develop around a new idea. Enthusiasm among professionals about the new, innovative idea wanes as the routine maintenance chores of the program grow. What began as a program innovation becomes a new organization, which undergoes a differentiation process as it ages (Willis, 1968). This process involves a division of labor and a departmentalization that produces numerous specialized roles. Seymour Sarason (in Levine & Levine, 1970) has suggested that: "...when a new creative and productive combination of ideas and practice becomes professionalized and institutionalized, the chances are very great that both the form and substance of this combination of ideas and practice become changed beyond recognition. In the end, there is the word, whereas in the beginning, there was the idea" (p. XIII). This is a common process in human service programs, often resulting in bureaucratic log-jams that cause cases to go unattended for months (Kaplan, 1971), and the expense to those in need grows large. Records accumulate while more people become involved in the case. Frequently the nature of the need goes out of focus. The operations of the organization often become ends in themselves and a phenomena called "displacement of goals" can occur (Schur, 1971, p. 86).

2. Rigid boundaries around domains of service have prevented adequate collaboration in service delivery. It is common practice for psychologists to refrain from inquiring about an individual in another area of service. Seemingly out of respect for another's "professional domain", collaboration is not seen as an important function. What Hobbs (1966) has called "awkward jurisdictional boundaries" (p. 503) serve to lessen the impact of services.

3. Psychological services are characterized by goals that have been narrow and restrictive. Reisman (1966) defines clinical psychology as a brand of psychology devoted to increased understanding of the individual. This commitment to the individual's uniqueness has led helping professionals in psychology to adopt, in too many cases, the narrow goal of providing limited kinds of service to individuals.

4. Psychological services are ruled by a conception of client-problem treatment that is limiting. Levine and Levine (1970) have explained how the "doctor-patient" relationship has ruled in the helping professions. The willingness, perhaps eagerness, of the professional to play the role of doctor has led the individual in need to view himself or herself as patient. Consequently, there is limited ability of either the professional or the individual-in-need to address the variety of forces (other significant individuals, environmental factors, etc.) that contribute to the problem, and treatment is typically limited to the correction of individual symptoms. Too frequently, the treatment has little relationship to the context in which the individual functions, and hence has little long-range

value. This failure to view the identified patient as "simply the emerged part of an enormous iceberg of family and societal problems" (Panzetta, 1971, p. VXi) has limited the efficiency of psychological interventions.

5. The traditional approach to providing psychological services has been limited, in the main, to psychotherapy. Hobbs (1966) refers to the preoccupation with psychotherapy as a means of providing psychological service. Others cite the almost exclusive orientation of professional training programs in this direction (Levine & Levine, 1970). The acceptance of psychotherapy as virtually the only means of behavior change has more recently been challenged by the use of behavior modification, but the situation remains all too often a "one-helper-one client" arrangement.

6. The narrow notions of goal, theory, and intervention have led to an almost total reliance on the "medical model" of service delivery. Panzetta (1971) maintains that for all its inherent liabilities, this model is still the most widely used for delivering psychological services. The medical framework usually involves a lock-step procedure of: (a) diagnosis by an expert, (b) treatment of the apparent symptoms by that expert, and (c) either removal of the disturbing "illness" or continued symptom management by the expert. While the model may be appropriate to scientific medicine, which proceeds linearly from diagnosis of symptoms to cure, it is the nature of mental health problems to offer few easy entry points. Problems are usually cloudy and vague, and cause-effect relationships are hard to determine.

7. Psychological interventions have been guided by the notion that deviance is exclusively a quality of the individual. Professional psychology has typically looked for intrapsychic sources of deviance (Binder, 1972), and underplayed the requirements of social systems. Becker (1963) helps balance this overemphasis in pointing to the role of social systems in creating deviancy "by making the rules whose infraction constitutes a deviance, and by applying these rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act a person commits..." (p. 9).

THE COMMUNITY MENTAL HEALTH MOVEMENT: REVIEW AND CRITIQUE

The preceding criticisms have not gone unnoticed. It is, in fact, out of concern with many of these issues that the legislation grew launching the community mental health movement. Hobbs (1964) refers to this movement as "mental health's third revolution" (p. 826). It has involved a reconceptualization of the notions of mental health and mental illness. It also has attempted to apply a public health model of service delivery in place of the more limiting medical model. Although the movement has made certain inroads in providing better services, it leaves unaddressed many of the problems it inherited.

Most fundamentally, there have been assertions that the community mental health movement is virtually a total failure in one of its major

missions, involvement of the community. In an upcoming issue of the Journal of Community Psychology, Nassi (in press) proposes a radical position on the need for true community control in order to improve mental health services. While community control has indeed been de-based and is in need of expansion in many meaningful ways, an argument has been advanced by Dokecki (in press), presented in part here, that Nassi's analysis is onesided and incomplete.

In his important work, Being Mentally Ill, Thomas Scheff (1966) almost exclusively emphasizes societal forces in the mental health arena in order to help counteract the traditional overemphasis on the individual person. Rather than claiming a total lack of person-related influence, however, Scheff proposes that in time an integrated theoretical synthesis of society and individual mutual transaction will be required to do justice to the complex reality of mental health and related social problems. Dokecki's thesis, consistent with Scheff, is that Nassi's provocative paper would have been more useful if, in addition to its many insights regarding societal influence, there had been significant recognition of the need to integrate concerns about the power structure, the mental health establishment, the individual, and the community. This four-level mix of forces is derived from the application of Getzels' (1969) social psychological model of education to mental health intervention. (1) Individuals with their traits and dispositions and (2) mental health professionals transact in the course of service delivery. If the outcomes are in harmony with the expectations and values of (3) the broader community and its power structure, then one type of effectiveness may be claimed. If the outcomes harmonize with the expectations and values of (4) the narrower community of family, peers, ethnic groups and the like, then another form of effectiveness ensues. These two forms of effectiveness have often been in conflict, especially in the case of low-income minority and counter-culture groups and the goal of mental health system planning may be seen as the attempt to achieve a harmony between them.

When further transactional and relevant developmental and evolutionary perspectives are applied to this view of mental health-related systems, we begin to glimpse some of the processes that must be fostered and orchestrated in order to advance societal functioning. Use of a transactional epistemology (Dewey & Bentley, 1949), which posits the simultaneous and inseparable operation of the person-environment system, is important because of the ever-changing, mutually influential, dialectical interplay of the forces of human life. Application of developmental theory to transactionally conceptualized mental health issues is also helpful and leads us to appreciate the developmental need for pursuing equilibration of assimilative processes (adjust the individual to society) and accomodate processes (help society change to incorporate new and potentially creative elements) (Dokecki, Scanlan, & Strain, 1972; Dokecki & Strain, 1973). Nassi correctly suggests that the mental health establishment has traditionally overemphasized assimilation, however, there is little if any appreciation for the need for a

meaningful amount of assimilation to balance the almost exclusive societal accomodation she seems to urge.

The proposed utility of this assimilation-accomodation tension in pursuit of pertually elusive equilibrium is consistent with Campbell's (1975) social evolutionary approach. Campbell reminds us that evolution has three interrelated moments: (a) variation of human characteristics, (b) selection among these varied characteristics, and (c) retention of these selected characteristics. Nassi's analysis is correct in seeming to assert the need for community-produced social and behavioral variation, however, what seems lacking is an appreciation for the need for retention of mechanisms -- mechanisms taking the form of traditional institutions, usually initiated and supported by the societal power structure -- in order to preserve enough of the status quo to ensure the preservation of societal order. Mental health service delivery systems clearly do and must serve societal retentive functions, however, consistent with some of Nassi's urgings, they must also function to help encourage variation in order to help sustain social evolution.

THE LIAISON PERSPECTIVE

An emerging professional approach building on the notions presented here is that of the Liaison Specialist (Dokecki, 1977; Hobbs, 1975; Newbrough, 1977; Williams, 1977). Those operating within the liaison perspective utilize ecologically-oriented intervention strategies to forge linkages among the human resources within discordant systems. The goal is to enable these systems to function independently for human development ends. The liaison approach is a form of community psychology that recognizes the importance of the community and its resources, however, by viewing discordance transactionally as a matter of fit between the labeled troubled person and the environment, and recognizing that change of the person and/or the environment may be required, it better achieves the individual-societal balance lacking in Nassi's presentation and in current typical service delivery endeavors.

Several psychologists have been aware of the gap between traditional service delivery and the nature of societal needs and have called for a new function or role to address this concern (Bahn, 1971; Hobbs, 1966; Insel & Moos, 1974; Kelly, 1966; 1967; Levine & Levine, 1970; Panzetta, 1971; Pearl, 1974). Many of their suggestions fit with the transactional-ecological orientation of the liaison perspective, and suggest new methods of engaging the broader person-environment unit of study.

Levine and Levine (1970), in discussing the limits of doctor-patient methods, advocate community-oriented approaches in which normal caretakers (policemen, ministers, bus drivers, etc.) are encouraged to handle residual rulebreaking behavior. They maintain that "a very new function,

that of human relations consultant and advisor to the caretaker, is implied for the mental health professional, not only because the numbers problem demands it, but because in the end it may prove a more effective way of helping" (p. 19). This is a call to identify the natural resources of a community and to enlist these resources on behalf of individuals or groups in need. A new ecologically-oriented role is proposed by which to accomplish the task.

In a related vein, Hobbs (1975) has called for programs to prepare professionals for a role that deals with systems, is collaborative with other services, and is oriented to a public health point of view. Concerning collaboration, Bahn (1971) suggests that an additional new function in mental health services would be development of a common, inter-service system of communication and classification, which would facilitate cooperation among the helping professions. Insel and Moos (1974) maintain that specific planning for environmental change, and use of related intervention methods, are the functions of a "social systems change facilitator" (p. 187) who must be well versed in the way systems evolve. Pearl (1974) sees the psychologist who focuses on changing systems as performing functions of facilitating, organizing, representing the powerless, leading toward a goal, and evaluating. Along similar lines, Kelly (1967) suggests the study of natural environments as a means of developing theoretical propositions. He calls this the "preferred method in the development of community mental health services" (p. 212), and advocates a mental health function that focuses on how individuals become effective and survive in varied social environments.

Although the transactional-ecological perspective, and its related set of functions outlined here, can be (and probably should be) adopted by professional psychologists and applied to existing professional roles, there may be need for a new mental health role, that of the Liaison Specialist, to serve these functions.

The liaison role is not a new one. The training program at Peabody grew out of numerous examples of a liaison-type role in various current and historical settings. The "visiting teacher" of the early 1900's was a role incorporating many of the functions of the Liaison Specialist. It was designed to provide an agent for the child between the school and the community, and was concerned with settings and assessment of systems (Levine & Levine, 1970). Social workers also have performed liaison tasks in the past, although current practice in social work has become more individually focused (Middleman & Goldberg, 1974).

The prototype for the Liaison Specialist is the liaison teacher-counselor in Project Re-Ed (Hobbs, 1966), a highly acclaimed re-education program for disturbed children. The liaison teacher-counselor works with the enrolled child, the family, the school, and the community to bring about an increased coping ability on the part of individuals in the entire system. A level of change is sought in the various

components of the system that allows the child to return to the care of the family and the natural community.

Our Peabody training aspires to develop professionals who are enablers, who equip individuals and systems to address their own developmental needs. Indirect intervention methods are employed, whenever possible, by marshalling more natural resources in the environment rather than performing hands-on-treatment. The liaison function and role are concerned with the developmental process and the program itself is committed to an open-ended and evolving structure of learning experiences to help avoid the "idea-into-word" problem described earlier by Sarason (Levine & Levine, 1970). The purpose is to prepare professionals who are guided by a fluid perspective that does not create mind-sets limiting the ability to function in a variety of settings. Specific skill foci include (a) the ability to perform ecological assessments, the mapping of the needs, strengths, and linkages existing in a social system, and (b) ecological interventions, the development of new linkages within a system. Linkage is defined as "a shared plan of action" (Dokecki, 1977, p. 3) between an individual and some component of the social system, or between any two components of the social system.

The liaison role in human services incorporates the role of human relations consultant discussed by Levine and Levine (1970) and the role of social systems change facilitator proposed by Insel and Moos (1974). In addition, the Liaison Specialist is seen as an individual skilled in more traditional intervention methods such as counseling, group work, and consultation. Liaison functions are applicable to a wide range of settings, including the community mental health center, the school system and other educational settings, the medical community, and domains traditionally viewed as the arena of the social worker.

Specific skills needed to function in given settings will vary, however, there are assumptions that apply to the liaison role regardless of the work setting. These shape the goals, methods used to reach goals, and specific skills required to function as an agent for productive change in troubled ecological systems. Some of these assumptions are considered here.

Social need is the criterion for social service; the nature of the ecological problem rather than a model or a theory shapes the intervention. Hobbs (1966) emphasizes the importance of social need as the reason for human service efforts; the point is that the problems in any ecological system are real and current to those who are experiencing them, and should be addressed as such. Too often, services, that are guided by a particular theory or model distort the problems so that favored methods can be applied. This may also involve secondary goals of the intervention agency in no way relevant to the actual problem. These secondary goals may interfere with efficient and speedy remediation of the actual need.

A related notion is that those who experience the identified problem understand it in ways that the professional helper may not. The

liaison perspective suggests that it is important to listen to individuals in need. Though it may be useful to interpret the information gained from a client concerning a need, the Liaison Specialist respects the ability of the system to know its own needs and have its own values. As much as possible, the Liaison Specialist listens to those in need without the interference of personal values or biases; but there is an openness to reinterpreting the kind and degree of need and required interventions.

The liaison perspective does not emphasize the past: services are oriented to the present and future. This commitment directs the professional away from the source of contagion (Hobbs, 1966), and toward the current effects of the ecological disturbance. The intervention goal is to provide help that is useful both now and in the future, when similar problems may recur. This bias underscores the importance of the enabling function of the Liaison Specialist. Equipping a system to assess its own needs and enlist its own resources is necessary for intervention in the present to have impact in the future.

The most prevalent unit within the larger social system is the family. The liaison role in family intervention is one of equipping the family to anticipate and meet the needs of its individual members. The goal is to "reinforce the normal social units responsible, ...to increase their effectiveness, and to employ special agencies only to the extent necessary to supplement the efforts of the family" (Hobbs, 1975, p. 223-224). When this strategy is successful, the likelihood that the family will require on-going professional help is reduced; future difficulties are met with increased ability to resolve them.

Accomplishment of goals requires a systems approach to service delivery (Hobbs, 1966). This approach encourages the intervener to be aware of and sensitive to the range of factors that contribute to problem situations. Assessment and intervention are based on attention to the unit of inquiry proposed by ecological theories. Resources for preventing or correcting problems may exist in an individual, a group, or an institution such as a school, church, or community center. The goal is to prevent or eliminate discordance within a system and enable it to function for human development.

The liaison perspective suggests use of the least drastic intervention; less powerful alternatives are tried before resorting to more powerful ones. Middleman and Goldberg (1974) explain that the professional helper must consider the consequences of drastic intervention strategies: they may be met by high resistance on the part of the client, and they often preclude the use of less powerful intervention methods. Thus, the liaison approach is to look for the most natural and undemanding resource with which to address a problem before creating plans calling for greater disruption in the life of the individual or system. For example, if a family member or neighbor could provide the support necessary to help an individual through a problem situation,

this option would be tried before calling on a stranger or professional. If the services needed are available within the immediate neighborhood, these would be tried before similar services across town or in a nearby city. The bias is, then, that the professional intervenes in the natural social setting only to the extent necessary to foster the minimum necessary changes.

The Liaison Specialist works to dissolve the hierarchy between the helper and the helped. While traditional intervention strategies create a clear-cut division between the helper and the helped (Rhodes, Note 1), the liaison perspective blurs this distinction. A component of a social system may be the recipient of service on one occasion, but may provide the resources to alleviate need at another point in time. The transactional notion of mutual influence is applied in the liaison intervention methods. The goal is to create a cooperative atmosphere within a social system, which allows the helper on one occasion to receive help should the need arise. The linkages which a Liaison Specialist creates allow for help to flow in either direction. When the professional withdraws from the setting it is hoped that needs continue to be matched with resources as they evolve. The professional is in this way seen less as an expert problem solver, and more as an enabler, a coordinator of resources. Through indirect intervention with natural care-givers providing the direct help, the hierarchy of roles typical to the helping professions is lessened.

The liaison perspective requires a concern with education and prevention (Hobbs, 1966). Levine and Levine (1970) point out that some of the earliest intervention efforts were concerned with helping individuals learn and with providing skills enabling social systems to anticipate and meet their own needs. These liaison functions contribute to prevention by educating systems to help themselves and avoid recurring dysfunction. The Liaison Specialist is concerned with the development of new competencies in a social system: skills in being sensitive to and anticipating requirements of settings so that future difficulties can be avoided.

The professional role of the Liaison Specialist is one that promises to improve the delivery of human services. It operates from a conception of human behavior as a transaction between the individual and a social setting. It holds an ecological orientation; the focus of concern is not an intra-psychic phenomena, but the individual in the context of the environmental factors he or she encounters. The Liaison Specialist attempts to foster the ability of social systems to care for their own needs, and approaches the task not as an expert, but as a resource person with useful skills such as:

1. assessing the strengths, as well as the dysfunctions of the individual and the social system, and the linkages that exist between them;
2. organizing the resources available to address the identified problems;

3. facilitating the deployment of resources to reach desired goals; and
4. evaluating the worth and effect of problem solving strategies, and, in turn, providing this information to the social system.

In conclusion, we feel that the growing interest in ecological theories and in transactionalism as a model for viewing the world is encouraging. It indicates that new roles, such as that of the Liaison Specialist, are likely to arise, focusing on developmental processes within social systems. The goal of providing society with the competent, self-respecting citizens it so desperately needs is made more realistic by such innovations.

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